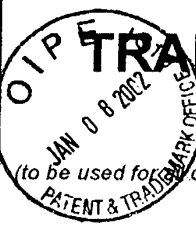


Please type a plus sign (+) inside this box → ☐

(Modified) PTO/SB/21 (6-99)  
Approved for use through 09/30/2000. OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

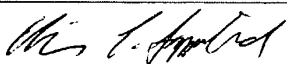
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

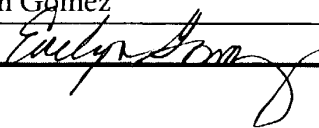
	Application Number	09/525,564
	Filing Date	March 15, 2000
	First Named Inventor	Fiero, Richard A.
	Group Art Unit	2173
	Examiner Name	C. Thai
Total Number of Pages in This Submission	Attorney Docket Number	15-000100US

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ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Request for corrected Filing Receipt, Copy of filing receipt (marked up), Copy of Response to Office Action and receipt acknowledgment postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<b>Authorization to Charge Deposit Account</b> Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Christopher C. Sappenfield Reg. No. 45,073 The Law Offices of Jonathan Alan Quine
Signature	
Date	December 6, 2001

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: December 6, 2001			
Typed or printed name	Evelyn Gomez		
Signature		Date	December 6, 2001

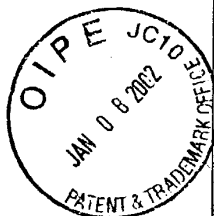
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Attorney Docket No. 15-000100US

LAW OFFICES OF JONATHAN ALAN QUINE

By

*Evelyn Gomez*  
Evelyn Gomez



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Fiero, Richard A., et al.

Application No.: 09/525,564

Filed: March 15, 2000

For: **PORTABLE DEVICE COMPRISING KEYPAD  
AND SCREEN**

Examiner: C. Thai

Art Unit: 2173

REQUEST FOR CORRECTED FILING  
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Office of Initial Patent Examination  
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Washington, D.C. 20231

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Sir:

Attached is a copy of the official Filing Receipt received from the Patent and Trademark Office in the above-noted application for which issuance of a corrected filing receipt is respectfully requested.

Please correct the title to read as follows:

**PORTABLE DEVICE COMPRISING KEYPAD AND SCREEN**

Fiero, Richard A., et al.  
Application No.: 09/525,564  
Page 2

It is believed that no fee is due. If a fee is due, please charge Deposit Account  
No. 50-0893.

Enclosed is a copy of the response to office action filed on August 29, 2001  
specifying the change on the title of the application.

Respectfully submitted,



Christopher C. Sappenfield  
Reg. No. 45,073

LAW OFFICES OF JONATHAN ALAN QUINE  
P.O. BOX 458  
Alameda, CA 94501  
(510) 337-7871  
Fax (510) 337-7877

## FILING RECEIPT



\*OC000000005164191\*

UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark OfficeAddress: ASSISTANT SECRETARY AND  
COMMISSIONER OF PATENT AND TRADEMARKS  
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
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09/525,564

03/15/2000

2773

354

15-000100US

2

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ALAMEDA, CA 94501

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JUN 16 2000

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JONATHAN ALAN QUINEJAN 16 2002  
Technology Center 2100

Date Mailed: 06/08/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

RICHARD A FIERO, GREENBRAE, CA ;

## Continuing Data as Claimed by Applicant

## Foreign Applications

If Required, Foreign Filing License Granted 06/07/2000

\*\* SMALL ENTITY \*\*

## Title

Portable Device Comprising Keypad and screen  
~~HUMAN-DEVICE PHYSICAL INTERFACE~~

## Preliminary Class

345

Data entry by : SMITH, KAREN

Team : OIPE

Date: 06/08/2000



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- The title may be truncated if it consists of more than 600 characters (letters and spaces combined).
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UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 1186

<b>SERIAL NUMBER</b> 09/525,564	<b>FILING DATE</b> 03/15/2000 <b>RULE</b>	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2173	<b>ATTORNEY DOCKET NO.</b> 15-000100US
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## APPLICANTS

RICHARD A FIERO, GREENBRAE, CA;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 06/07/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: _____ Initials: _____				

## ADDRESS

22798

## TITLE

PORTABLE DEVICE COMPRISING KEYPAD AND SCREEN

<b>FILING FEE RECEIVED</b> 354	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit

Printed 05/24/2001

APPLICATION NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET N
09/525,564	03/15/2000	345	2173	15-000100US

APPLICANT  
RICHARD A FIERO, GREENBRAE, CALIFORNIA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED  
NONE CT

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED  
NONE CT

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED  
NONE CT

FOREIGN FILING LICENSE GRANTED 06/07/2000

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Foreign priority claimed 35 USC 119 (a-d) conditions met	O yes <input checked="" type="radio"/> no O yes <input checked="" type="radio"/> no O Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and acknowledged	<u>QUANTUM</u> <u>CT</u> Examiner's Name Initials	CA	2	21	3

ADDRESS  
LAW OFFICES OF JONATHAN ALAN QUINE  
P O BOX 458  
ALAMEDA , CA 94501

TITLE  
HUMAN-DEVICE PHYSICAL INTERFACE- PORTABLE DEVICE COMPRISING KEYPAD  
AND SCREEN